



Ultimate Telecom

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Analogue or Multi Analogue Installation/Conversion Agreement

Partner Reference	
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Business Name	
Contact Name	
Contact Tel	
Email Address	

Billing Address

Site Details for Conversion/Installation			
Company Name			
Building Name/Number		Unit/Floor Number if Applicable	
Road		Town	
County		Postcode	
On-Site Contact Name		Maintainer Contact Name	
On-Site Contact Number		Maintainer Contact Number	
Notes			

Please Complete the Relevant Sections

Analogue					
Conversion of Featureline	<input type="checkbox"/>	New Install	<input type="checkbox"/>	Number of Single Analogue Lines	
If Conversion, Existing CLI		If Conversion, Existing BT Account Number			
Number of Linebox Terminations		Number of PBX Terminations			
Repair Care Level Required	Standard <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	
Notes					
Select Services Required	Caller Display <input type="checkbox"/>	Caller Diversion <input type="checkbox"/>	Call Barring <input type="checkbox"/>	Caller Waiting <input type="checkbox"/>	1471 Extra <input type="checkbox"/>
	<i>Please tick where required, these will be applied to all lines of this type unless specified in the notes section</i>				

Multi Analogue							
Conversion or New Install	Conversion <input type="checkbox"/>	New Install <input type="checkbox"/>	Number of Lines Required				
If Conversion, Existing Main CLI		If Conversion, Existing BT Account Number					
Termination Type	Line Box <input type="checkbox"/>	PBX <input type="checkbox"/>	Repair Care Level Required	Standard <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>
Notes							
Select Services Required	Caller Display <input type="checkbox"/>	Caller Diversion <input type="checkbox"/>	Call Barring <input type="checkbox"/>	Withhold Numbers, All Calls <input type="checkbox"/>			
	<i>Please tick where required, these will be applied to all lines of this type unless specified in the notes section</i>						

This agreement is subject to Terms & Conditions of which the customer acknowledges to have received a copy.

I accept the terms and conditions.

Directory Details Confirmation				
Directory Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bold <input type="checkbox"/>	Superbold <input type="checkbox"/>
Business Name to be Listed				
Directory Business Description				

Authorised Signature	C O N T R A C T
Print Name	
Position	
Date	